

EXHIBIT B



Applicant Information

Primary Name

HURTS, MARVAVIER
RIAN

Date of Birth

06-FEB-1981

Place of Birth

AL

Sex

M

Known as Name

Other Names

Application Information

PPT Application Num

286444273

Item(s) Requested

Book

Passport Number

569003358

Endorsement Code

Book Number

569003358

Book Status

Issued

Book DOI

13-OCT-2017

Book DOE

12-OCT-2027

Book Type

28R

Card Number

N/A

Card Status

Not Requested

Card DOI

Card DOE

Scanned Documents [View/Print All](#)

Document Number	Document Type	Details
1	APPLICATION FOR A U.S. PASSPORT	DS 11 (09/2013) (A) (P1/2)
2	APPLICATION FOR A U.S. PASSPORT	DS 11 (09/2013) (A) (P2/2)
3	Document	

7/27/23, 7:47 AM

PRISM Scanned Document

Name of Applicant (Last, First, & Middle) Hurts, Marvavier Rian **00271748-0418** **Date of Birth (mm/dd/yyyy)** 02/06/1981

10. Parental Information
Mother/Father/Parent - First & Middle Name ANNIE **Last Name (at Parent's Birth)** Johnson
Date of Birth (mm/dd/yyyy) 10/12/1954 **Place of Birth** Union Springs AL **Sex** M **U.S. Citizen?** Yes
Mother/Father/Parent - First & Middle Name CHARLES **Last Name (at Parent's Birth)** HURTS
Date of Birth (mm/dd/yyyy) 09/12/1954 **Place of Birth** Midway AL **Sex** M **U.S. Citizen?** Yes

11. Have you ever been married? Yes ☒ No ☐ If yes, complete the remaining items in #11.
Full Name of Current Spouse or Most Recent Spouse _____ **Date of Birth (mm/dd/yyyy)** _____ **Place of Birth** _____

U.S. Citizen? Yes ☐ No ☐ **Date of Marriage (mm/dd/yyyy)** _____ **Have you ever been widowed or divorced?** Yes ☐ No ☒ **Widow/Divorce Date (mm/dd/yyyy)** _____

12. Additional Contact Phone Number _____ **13. Occupation (if age 16 or older)** Research Analyst **14. Employer or School (if applicable)** YRC Worldwide

15. Height 5'8 **16. Hair Color** Black **17. Eye Color** Brown **18. Travel Plans** None **19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.**
Street/RFD # or URB (No P.O. Box) _____ **Apartment/Unit** _____
City _____ **State** _____ **Zip Code** _____

20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.
Name Annie Johnson **Address: Street/RFD # or P.O. Box** 607 Thomas St **Apartment/Unit** _____
City Union Springs **State** AL **Zip Code** 36059 **Phone Number** (334) 738-5248 **Relationship** Mother

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes ☒ No ☐ If yes, complete the remaining items in #21.
Name as printed on your most recent passport book _____ **Most recent passport book number** _____ **Most recent passport book issue date (mm/dd/yyyy)** _____
Status of your most recent passport book: Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired) ☐
Name as printed on your most recent passport card _____ **Most recent passport card number** _____ **Most recent passport card issue date (mm/dd/yyyy)** _____
Status of your most recent passport card: Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired) ☐

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence SM
☒ Birth Certificate SR **CR** **City** Union Springs **Filed** 2/17/81 **Issued** 4/16/16
☐ Nat. / Citiz. Cert. USCIS USDC **Date/Place Acquired** _____ **A#** _____
☐ Report of Birth **Filed/Place** _____
☐ Passport C/R S/R Per PIER: #/ID# _____
☐ Other _____
☒ Attached: _____

☐ P/C of Citiz ☐ P/C of ID ☐ DS-71 ☐ DS-3053 ☐ DS-64 ☐ DS-5520 ☐ DS-5525 ☐ PAW ☐ NPIC ☐ IRL ☐ Citiz WS *** DS 11 A 09 2013 2 ***

DS-11 06-2016 **Page 2 of 2**